



General Assembly

January Session, 2005

Raised Bill No. 6571

LCO No. 2811

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Referred to Committee on Select Committee on Aging

Introduced by:
(AGE)

***AN ACT CONCERNING THE AVAILABILITY OF MAINTENANCE
DRUGS UNDER THE CONNPAC PROGRAM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-491 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2005*):

3 (a) There shall be a "Connecticut Pharmaceutical Assistance
4 Contract to the Elderly and the Disabled Program" which shall be
5 within the Department of Social Services. The program shall consist of
6 payments by the state to pharmacies for the reasonable cost of
7 prescription drugs dispensed to eligible persons minus a copayment
8 charge. The pharmacy shall collect the copayment charge from the
9 eligible person at the time of each purchase of prescription drugs, and
10 shall not waive, discount or rebate in whole or in part such amount.
11 Except for a replacement prescription dispensed pursuant to section
12 17b-492, the copayment for each prescription shall be as follows:

13 (1) Sixteen dollars and twenty-five cents if the participant is (A) not
14 married and has an annual income of less than twenty thousand three
15 hundred dollars, or (B) married and has an annual income that, when

16 combined with the participant's spouse, is less than twenty-seven
17 thousand five hundred dollars.

18 (2) Upon the granting of a federal waiver to expand the program in
19 accordance with section 17b-492, the copayment shall be twenty
20 dollars for a participant who is (A) not married and has an annual
21 income that equals or exceeds twenty thousand three hundred dollars,
22 or (B) married and has an annual income that, when combined with
23 the participant's spouse, equals or exceeds twenty-seven thousand five
24 hundred dollars.

25 (b) On January 1, 2002, and annually thereafter, the commissioner
26 shall increase the income limits established in subsection (a) of this
27 section that set the appropriate participant copayment by the increase
28 in the annual inflation adjustment in Social Security income, if any.
29 Each such adjustment shall be determined to the nearest one hundred
30 dollars.

31 (c) Notwithstanding the provisions of subsection (a) of this section,
32 effective September 15, 1991, payment by the state to a pharmacy
33 under the program may be based on the price paid directly by a
34 pharmacy to a pharmaceutical manufacturer for drugs dispensed
35 under the program minus the copayment charge, plus the dispensing
36 fee, if the direct price paid by the pharmacy is lower than the
37 reasonable cost of such drugs.

38 (d) Effective September 15, 1991, reimbursement to a pharmacy for
39 prescription drugs dispensed under the program shall be based upon
40 actual package size costs of drugs purchased by the pharmacy in units
41 larger than or smaller than one hundred.

42 (e) The commissioner shall establish an application form whereby a
43 pharmaceutical manufacturer may apply to participate in the program.
44 Upon receipt of a completed application, the department shall issue a
45 certificate of participation to the manufacturer. Participation by a
46 pharmaceutical manufacturer shall require that the department shall

47 receive a rebate from the pharmaceutical manufacturer. Rebate
48 amounts for brand name prescription drugs shall be equal to those
49 under the Medicaid program. Rebate amounts for generic prescription
50 drugs shall be established by the commissioner, provided such
51 amounts may not be less than those under the Medicaid program. A
52 participating pharmaceutical manufacturer shall make quarterly rebate
53 payments to the department for the total number of dosage units of
54 each form and strength of a prescription drug which the department
55 reports as reimbursed to providers of prescription drugs, provided
56 such payments shall not be due until thirty days following the
57 manufacturer's receipt of utilization data from the department
58 including the number of dosage units reimbursed to providers of
59 prescription drugs during the quarter for which payment is due.

60 (f) All prescription drugs of a pharmaceutical manufacturer that
61 participates in the program pursuant to subsection (e) of this section
62 shall be subject to prospective drug utilization review. Any
63 prescription drug of a manufacturer that does not participate in the
64 program shall not be reimbursable [] unless the department
65 determines the prescription drug is essential to program participants.

66 (g) On and after July 1, 2005, the commissioner shall allow any
67 eligible person to obtain a maintenance drug in a ninety-day supply if
68 (1) the ninety-day supply is authorized by a licensed practitioner, and
69 (2) the individual has obtained an initial supply of the maintenance
70 drug under the program. Nothing in this section shall prohibit an
71 eligible person from obtaining a maintenance drug in any other
72 amount permitted under the program. As used in this section,
73 "maintenance drug" means a prescription drug designated as a
74 maintenance drug by the commissioner.

75 Sec. 2. Section 17b-494 of the general statutes is repealed and the
76 following is substituted in lieu thereof (*Effective July 1, 2005*):

77 The Commissioner of Social Services shall adopt regulations, in
78 accordance with the provisions of chapter 54, to establish (1) a system

79 for determining eligibility and disqualification under the program,
80 including provisions for an identification number and a renewable,
81 nontransferable identification card; (2) requirements for the use of the
82 identification number and card by the pharmacy and the eligible
83 person; (3) a system of payments; (4) limitations on the maximum
84 quantity per prescription which shall not exceed (A) with respect to
85 any refill of a maintenance drug, a ninety-day supply or one hundred
86 twenty oral dosage units, whichever is greater, or (B) with respect to
87 any prescription that is not subject to subparagraph (A) of this
88 subdivision a thirty-day supply or one hundred twenty oral dosage
89 units whichever is greater; (5) requirements as to records to be kept by
90 the pharmacy, including patient profiles; (6) products prescribed for
91 cosmetic and other purposes which shall not be covered under the
92 program; and (7) such other provisions as are necessary to implement
93 the provisions of sections 17b-490 to 17b-495, inclusive.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>July 1, 2005</i>	17b-491
Sec. 2	<i>July 1, 2005</i>	17b-494

Statement of Purpose:

To allow ConnPACE participants to receive covered maintenance drugs in a ninety-day supply.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]